

# 2000 UNIFORM BUSINESS REPORT (UBR)

102

DOCUMENT # **P99000075957**

1. Entity Name

**DUCOIN PROPERTIES, INC.**

**FILED**

**00 NOV 14 PM 4:07**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

Principal Place of Business

Mailing Address

2. Principal Place of Business

**808 E. OCEAN BLVD**

3. Mailing Address

**2187 NW PINE LAKE DR**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**STUART, FL**

City & State

**STUART, FL**

4. FEI Number

**65-1009714**

Applied For

Not Applicable

Zip

**34994**

Country

**UNITED STATES OF AMERICA**

Zip

**34994**

Country

**UNITED STATES OF AMERICA**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

**FRANCIS J. DUCOIN**

**2187 N W PINE LAKE DR**

**STUART, FL 34994**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back)

☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution.

☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE

**DIRECTOR**

☐ Delete

NAME

**FRANCIS J. DUCOIN**

STREET ADDRESS

**2187 N W PINE LAKE DR**

CITY-ST-ZIP

**STUART, FL 34994**

TITLE

☐ Change

☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

**DIRECTOR**

☐ Delete

NAME

**MARY JANE DUCOIN**

STREET ADDRESS

**2187 N W PINE LAKE DR**

CITY-ST-ZIP

**STUART, FL 34994**

TITLE

☐ Change

☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

**400003487834--4**

**-12/05/00--01075--010**

**\*\*\*150.00 \*\*\*150.00**

TITLE

☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

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☐ Change

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STREET ADDRESS

CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**11/3/00**

Date

**561 287-6159**

Daytime Phone #

CR2E034 (9/99)

DuCoin Properties, Inc.  
2187 NW Pine Lake Dr  
Stuart, FL 34994

October 12, 2000

Department of State  
Division of Corporations  
P O Box 6327  
Tallahassee, FL 32314

ATTN: REINSTATEMENT SECTION

Dear Sir:

Today I received in the mail your Notice of Administrative Dissolution or Revocation for DuCoin Properties, Inc. This is to notify you that I did not receive any paperwork regarding filing any reports with the State of Florida. I would like to request that any late fees associated with filing the Corporate report be waived, and I am including a check in the amount of one hundred fifty dollars for the recording fee. Thank you for considering my request.

I will call your office October 26 for your response. You may reach me at 561 287-6159.

Sincerely yours,

*Mary Jane DuCoin*

-Mary Jane DuCoin

Officer for DuCoin Properties, Inc.